



**EMBARGO UNTIL 12.00 noon (11.00 am GMT) Tuesday 21 March 2006**

Background document

## **“Lifting the smokescreen: 10 reasons for a smoke free Europe”**

*The following pages contain a summary of the figures and arguments in each chapter. The full report and other references cited here will be available after the launch at [www.ersnet.org](http://www.ersnet.org), [www.cancerresearchuk.org](http://www.cancerresearchuk.org), [www.e-cancer.fr](http://www.e-cancer.fr) and [www.ehnheart.org](http://www.ehnheart.org)*

Chapter 1 - An estimate of deaths attributable to passive smoking in Europe

### **HOW MANY DEATHS?**

More than 79,000 adults die each year as a result of passive smoking in the 25 countries of the EU. ([Chapter 1, page 27, Table 5](#))

The overall figure includes smokers and non-smokers because inhaling side-stream smoke from cigarettes kills people in both groups.

A court in Norway recently paid compensation to a woman smoker with lung cancer who had worked for 20 years in a smoky bar. Court medical experts said that second-hand smoke had contributed up to 40% of the risk of her contracting the disease. ([Chapter 6, page 126](#))

Figures for second-hand smoking-related deaths are broken down by country (25 European Union countries plus Iceland, Norway and Switzerland) (Table 6 and 8), by age (under 65 years, over 65 years), by site (home, work, including separate figures for the hospitality industry) and by condition (lung cancer, ischaemic heart disease, stroke, chronic non-neoplastic pulmonary disease).

The figures are also broken down into figures for smokers and non-smokers, and figures for non-smokers. A total of just over 19,000 of the deaths are among non-smokers. ([Chapter 1, page 33, Table 7](#))

For every eight people dying from smoking each year in the EU, another person dies as a result of inhaling second-hand smoke. In 2000, some 656,000 deaths out of a total of 4.5 million in EU25 countries were due to smoking, according to the ASPECT report (Analysis of the Science and Policy for European Control of Tobacco) published by the European Commission in 2004. ([See “Tobacco or Health in the European Union”, the ASPECT report, page 40](#))

### **Exposure at work**

An estimated 7,200 people die as a result of passive smoking in the workplace within the EU each year. ([Chapter 1, page 27, Table 5](#))

Almost 2,800 of these deaths occur among non-smokers. ([Chapter 1, page 33, Table 7](#))

Employees in bars, pubs and restaurants are particularly vulnerable. Each year, an estimated 325 people working in the hospitality industry in EU countries die as a result of passive smoking. ([Chapter 1, page 27, Table 5](#)) In other words, every day of the working week in the EU hospitality industry, one employee dies as a result of exposure to second-hand tobacco smoke.

*"Passive smoking causes death and disease, particularly in hospitality workers," says Prof. John Britton, Nottingham University, UK and Chair of the Tobacco Control Committee of the European Respiratory Society. "There is no excuse for not introducing a total ban on smoking in enclosed public places as soon as possible. The successes in Ireland, Norway and Italy show it can be done easily and effectively."||*

### **Underestimates**

Professor Konrad Jamrozik, Professor of Evidence-based Health Care at the School of Population Health, University of Sydney, who developed the estimates says they are conservative.

"These results omit deaths in childhood caused by passive smoking, deaths in adults due to other conditions that are known to be caused by active smoking (such as pneumonia), and the significant, serious morbidity, both acute and chronic, caused by passive smoking," he says.

His calculations are based on the formula known as "population attributable proportion", a well-established epidemiological method used for estimating the fraction of events in a population that are related to a specific exposure.

## **EVIDENCE OF HARM**

Tobacco smoke is a serious environmental hazard and a significant cause of ill health. It is the most important source of indoor contaminants in environments where smoking occurs.

Side-stream smoke is created between puffs and makes up 85% of room smoke. It is more toxic than the smoke inhaled and exhaled by a smoker. This is because a cigarette being held in the hand or smouldering in an ashtray burns at a lower temperature releasing a different combination of chemicals with larger amounts of some toxic constituents.

Smoke from cigarettes contain over 4,000 chemicals, including many air pollutants and wastes that are regulated as "hazardous". More than 50 of these chemicals are known to be carcinogens (substances causing cancer) and more than 100 are chemical poisons.

Over twenty official international and national scientific reports on the health effects of passive smoking have been published since 1986.

The above information is taken from "Tobacco or Health in the European Union", published by the European Commission in 2004, [pages 33-4](#), available on the "Lifting the smokescreen" page of [www.ersnet.org](http://www.ersnet.org) and "Second-hand smoke", Fact Sheet No. 8, Action on Smoking and Health, <http://www.ash.org.uk/html/factsheets/html/fact08.html>

Chapter 2 - Economics of smoke-free policies

## **THE ECONOMIC BENEFITS**

The report recommends comprehensive smoke free legislation that includes a total ban on smoking at the work place, bars and restaurants, public places (including health and educational facilities) and public transport. ([Chapter 7](#))

A total ban on smoking in the workplace produces productivity gains.

Productivity increases because health improves as a result of both limiting exposure to second-hand smoke and reducing smoking prevalence. Following smoke free legislation in Finland, smoking prevalence and the number of cigarettes smoked per smoker declined by 16-17% in firms previously without bans.

With fewer smokers and a smaller number of cigarettes smoked, fewer days are lost to illness. On average, smokers are away from work 50% more workdays than non-smokers.

A study in Ireland prior to the recent legislation investigated the costs of smoking in the workplace. It looked specifically at the excess absenteeism arising from smoking-related illness, loss of productivity among smokers, and costs associated with premature mortality and morbidity associated with smoking. It concluded that if no employee in Ireland smoked, the costs that could have been avoided amounted to over 1% of the Irish GDP in 2002.

A study in Scotland published in 2000 produced similar results. It estimated that not having smokers in the workplace would save all Scottish employers between 437-652 million Euros, an amount equal to about one-half per cent of Scottish GDP (1997 figures).

### **Implementation costs**

The introduction of comprehensive smoke free policies is relatively cheap. The costs are mainly associated with communication and enforcement.

According to the World Health Organization, one year of life (adjusted for disability) can be saved for US\$358 by implementing and enforcing clean indoor air policies. By contrast, installing air bags to protect car drivers costs about US\$30,000 for every life-year gained.

For every ten-percentage point improvement in male survival, per capita income grows by 0.23% according to the Commission on Macroeconomics and Health.

## Chapter 3 - Economic impact of a smoking ban in bars and restaurants

### **WHAT ABOUT JOBS?**

Tobacco companies have always claimed that a smoking ban in bars and restaurants would have a negative impact on business and lead to fewer sales and less employment.

Independent and reliable research on the financial impact of smoke-free policies in the hospitality industry provides evidence that counters the tobacco industry's economic claims.

A review of almost 100 studies, produced before 31 August 2002, from Canada, UK, USA, Australia, New Zealand, South Africa, Spain and Hong Kong, failed to find a negative impact or a positive effect in studies based on objective and reliable measures.

Other information on the effect of recent smoking bans in British Columbia (2002), New York (2003), Ireland (2004), Norway (2004) and New Zealand (2004) has not shown a negative impact on business.

In New York, for example, one year after the 2003 Smoke-Free Air Act banning smoking in all workplaces came into effect, business receipts for restaurants and bars have increased by 8.7%, employment has risen with 10,600 new jobs, virtually all establishments are complying with the law, and the number of new liquor licenses issued has increased. All the signs are that New York City bars and restaurants are prospering.

*"The truth is that there is no country or state which experienced negative economic impact after a smoking ban in bars and restaurants",* says Luk Joossens, Advocacy Officer of the Association of the European Cancer Leagues.

## Chapter 4 - Public attitudes to smoke free policies in Europe

### **A DESIRE FOR CHANGE**

Opinion polls show that most Europeans would welcome smoke-free indoor air in their workplace, see chart for "Support for smoke free policies in Europe" in 11 countries. [\(See Chapter 4, page 99, Figure 8, bottom\)](#)

Details of recent surveys in 13 European countries (UK, France, Germany, Belgium, Latvia, Finland, Cyprus, Sweden, Switzerland, Lithuania, Romania, Iceland and Spain) show high levels of support for the introduction of “smoke free” policies in the workplace.

In France, 75% of the population agrees that employers must guarantee their employees a smoke free workplace, including restaurants, hotels, bars, cafés and nightclubs. A 2005 media poll in Germany put support for smoke free restaurants at 59% nationally. Residents of the former East Germany were even more likely to support smoke free restaurants (67% versus 59%). In Finland, almost half the respondents (47%) were in favour of making restaurants and bars smoke free, and in Latvia 37% thought that smoking should be completely banned in restaurants, cafés and bars.

Even smokers support the idea of smoke-free workplaces. In Cyprus, while 85% of non-smokers wanted smoke free workplaces, 52% of smokers were also in favour. In Sweden, 63% of smokers were in favour of smoke-free bar legislation before it was introduced in June 2005.

## **THE RIGHT TO CLEAN AIR**

Public support for smoke free policies reflects greater awareness about the risks of second-hand tobacco smoke.

People no longer see second-hand tobacco smoke as a minor irritant; they now see it as a significant threat to health and a polluter of indoor air. A UK survey in 2004 found showed 70% of respondents personally worried about the health risks of breathing other peoples’ smoke. In France, 93% of survey respondents agreed that working in a smoky environment posed a real health risk.

Chapter 5 - Why ventilation is not a viable alternative

## **WHY NOT USE VENTILATION?**

Ventilation of open workplaces, smoking zones or separate smoking rooms is ineffective because:

- There is no safe level of exposure to the cancer-causing substances and other harmful chemicals contained in cigarette smoke.
- No product currently on the market can effectively remove the second hand smoke.

To remove the toxins created by smoking, airflows equivalent to those produced by tornadoes would be needed, according to findings from experiments at the European Commission’s Joint Research Centre in Italy.

Twenty cigarettes were smoked mechanically in a 30 m<sup>3</sup> room during a 40-minute period. The room was then ventilated at five different rates. The results showed that during the time the cigarettes were burning, the ventilation had no significant influence at all on the concentration of the pollutants in the room.

In the following hour, it took an extremely strong ventilation rate to rid the room of smoke. The researchers described the force as being like a “wind-tunnel”, or equivalent to five exchanges of air per hour.

The pollutants measured included carbon monoxide (CO), NO<sub>x</sub> (collective term for nitrogen oxide gases) and nicotine.

The results of the experiments were confirmed by a modelling exercise also undertaken at the research centre in Italy. The findings were similar to results from studies in restaurants and bars in the USA.

## **Chapter 6 - Smoke free success in Europe: Mistakes made, lessons learned**

### **WHY THE VOLUNTARY APPROACH DOESN'T WORK**

Complete bans on smoking in workplaces and public spaces do not happen without legislation. A case study of the legacy of voluntary measures in the UK demonstrates that they “simply don't work”.

Voluntary approaches are unsatisfactory because:

- Relying on market forces to prompt changes in policy results in a snail's pace rate of change.

In 1992, a voluntary code of practice for managers and owners of places visited by the public was issued. The target was for 80% of each type of venue to be covered by effective smoking policies by the end of 1994. By 1995, not one category of public venue had reached the target.

- The tobacco industry may play a significant role in promoting voluntary restrictions in order to fend off legislation.

Following the Labour Party's election in the UK in 1997, the new Government pledged to introduce a range of tobacco control measures. Many aspects of the White Paper were welcomed but no legislation was proposed. The role of industry in this decision was evident. The White Paper stated: “We do not think a universal ban on smoking in all public places is justified while we can make fast and substantial progress in partnership with industry.” Funding for ventilation systems came indirectly from the Tobacco Manufacturers' Association.

- The application of a voluntary policy is unworkable.

The response to the voluntary proposals varied widely. With no obligation to change, pubs and bars were less inclined to adopt smoking restrictions than restaurants and hotels. This made a uniform code of practice virtually impossible to achieve.

### **SUCCESS IN IRELAND**

The groundswell of public support in Europe for smoke free policies has been created from successes elsewhere, particularly in Ireland.

Ireland adopted its smoke free policy on 29 March 2004. All indoor workplaces, including restaurants, bars and pubs, became smoke free with no separate rooms for people to smoke.

Fifteen months of preparation included a national debate stimulated by a television and advertising campaign. The Office of Tobacco Control was established to support employers and managers and to coordinate enforcement. Guidelines, posters and signs were provided so that premises could indicate the name of the person responsible, a telephone number for the compliance line in case of problems, and the amount of the fine in case of failure to comply (3,000 Euros for both the smoker and the person in charge).

#### **What has this meant for Ireland?**

**Cleaner air:** 96% of all indoor workers report working in a smoke free environment. There is almost universal agreement that workplaces are healthier since the introduction of the law.

**Better health:** The level of carbon monoxide in the blood of non-smoking bar workers has dropped by 45%.

**Productivity gains:** The number of working days lost due to smoking-related health problems is expected to fall. ([Chapter 2](#)) No jobs have been lost nor has revenue fallen. ([Chapter 3](#))

**A sense of achievement:** *“The lasting impact of this [smoke free] law in Ireland is that a child in Ireland today will never know what it is like to be in a smoke filled pub or restaurant,”* according to Micheal Martin, T.D., Minister for Enterprise, Trade and Employment speaking at a meeting in Luxembourg in June 2005.

Over 90% of the public think that the introduction of the law was a good idea – including 80% of smokers. A poll by a public television station voted the smoke free policy as the most popular event of the year.

## OTHER SUCCESSES

Ireland, Norway, Italy, Malta, Sweden and Scotland in Europe and New York, several other US and Canadian states and New Zealand have all successfully introduced the smoke policies that ban smoking in public areas and work places, including bars and restaurants.

Where smoke free policies have been introduced, at least three out of every four people support them. Compliance rates are high. In Norway, 94% of respondents reported that they were seldom or never exposed to tobacco smoke in bars and restaurants following the legislation in December 2004 compared with 56% the previous year.

The policy has become more popular since its introduction in New York, Ireland, Norway and New Zealand ([See chart, Chapter 4, page 99, Figure 8, top](#)). In Norway, popularity increased from 47% before the law was introduced to 58% afterwards. Support has also increased in Italy. ([Chapter 4, page 95](#))

## WHICH COUNTRIES WILL BE NEXT?

At the beginning of 2004, not one country in Europe had banned smoking in bars and restaurants. Today, six countries are reaping the benefits of clean air, better health and increased productivity associated with smoke free policies. Many more countries are planning to take the step.

In February 2006, a free vote in the UK parliament was overwhelmingly in favour of a comprehensive ban. In France, the public health community is awaiting an announcement anticipated at any moment.

The signs are that support for smoke free policies is high. Many European citizens are more than ready to become “smoke free”. ([Chapter 4, page 98 and chart on page 99, Figure 8, bottom](#))

Next in line are Spain, Finland, Iceland, the Netherlands and Belgium where workplace bans do not yet extend to bars and restaurants. The Belgian Social Affairs and Public Health Minister, Rudy Demotte will attend the official launch of the report (12.30, Tuesday 21 March, European Parliament, Room A5G3) to announce why Belgium plans to extend bans to restaurants in 2007.

Like Italy, Malta and Sweden, Belgium has decided to allow ventilated smoking rooms in restaurants. The disadvantage is that these rooms significantly increase lung cancer mortality risks among smokers ([Chapter 2, page 51](#)). They also pose a threat to restaurant staff that have to work in them. However, in practice, few premises create these rooms since the requirements are very strict.

Ireland and Scotland (March 2006) have the most comprehensive policies. Norway is equally strict in bars and restaurants but allows some separate smoking rooms in other workplaces.

Other countries are further behind and a step-by-step approach may be necessary. It is easiest to introduce smoke free legislation for short distance public transport, such as buses and subways, and most difficult in bars and restaurants. Health and educational facilities are very important steps in between.

## Chapter 7 – Recommendations and conclusions

### KEYS TO SUCCESS

Political and public support play a key role in deciding whether a European country is ready for a comprehensive smoke free policy.

In both Italy and Scotland, top-level political support was a deciding factor. The open backing from Scotland's First Minister Jack McConnell seems to have boosted public attitudes. Popularity for smoke free pubs and bars increased from 39% in Spring 2004 to 71% in December 2005. In the UK, a strong, united public health community replaced the absence of clear government support.

The public debate needs to be supported by public information and media campaigns to help combat the work of opponents, such as the tobacco and hospitality industry. However, as the process gets under way, popularity seems to grow. During the debate in the UK, support increased from 51% in Spring 2005 to 62% in December 2005.

The report aims to share the success stories of smoke free policies to help strengthen the resolve of politicians and policy makers to take the courageous decision.

*“Last year, the Swedish Minister of Health, Morgan Johansson said that in five years' time, a majority of EU countries would have smoke free laws. We hope it can happen even sooner,”* says Fiona Godfrey, EU Policy Advisor, European Respiratory Society speaking on behalf of the Smoke Free Partnership.

### 10 reasons for going smoke free

- 1) Second-hand smoke exposure kills and harms health;
- 2) Every worker has the right to be protected from exposure to tobacco smoke;
- 3) Scientific evidence shows that ventilation does not protect against exposure to tobacco smoke;
- 4) Smoke free laws do not result in negative economic effects;
- 5) Freedom of choice includes the responsibility not to harm others;
- 6) The public supports smoke free legislation;
- 7) The public complies with smoke free legislation;
- 8) It has been done elsewhere. It can be done everywhere;
- 9) It is a cost effective public health intervention;
- 10) Comprehensive smoke free policies work.

*The report is published by the Smoke Free Partnership, made up of Cancer Research UK, European Respiratory Society, and the Institut National du Cancer (France) in collaboration with the European Heart Network.*

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